Appendix C:
EMS Agenda for the Future:
Summary of Recommendations

Integration of Health Services

- Incorporate EMS within health care networks' structures to deliver quality care.
- Be cognizant of the special needs of the entire population.
- Incorporate health systems within EMS that address the special needs of all segments of the population.
- Expand the role of EMS in public health.
- Involve EMS in community health monitoring activities.
- Integrate EMS with other health care providers and provider networks.

EMS Research

- Allocate federal and state funds for a major EMS systems research thrust.
- Develop information systems that provide linkage between various public safety services and other health care providers.
- Develop academic institutional commitments to EMS-related research.
- Interpret informed consent rules to allow for clinical and environmental circumstances inherent in conducting credible EMS research.
- Develop involvement and/or support of EMS research by all those responsible for EMS structure, processes, and/or outcomes.
- Designate EMS as a physician subspecialty, and as a subspecialty for other health professions.
- Include research-related objectives in the education processes of EMS providers and managers.
- Enhance the quality of published EMS research.
- Develop collaborative relationships between EMS systems, medical schools, other academic institutions, and private foundations.

Legislation and Regulation

- Authorize and sufficiently fund a lead federal EMS agency.
- Enhance the abilities of state EMS lead agencies to provide technical assistance.
- Pass and periodically review EMS enabling legislation in all states that supports innovation and integration, and establishes and sufficiently funds an EMS lead agency.
- Establish and fund the position of State EMS Medical Director in each state.
- Authorize state and local EMS lead agencies to act on the public's behalf in cases of threats to the availability of quality EMS to the entire population.
- Implement laws that provide protection from liability for EMS field and medical direction personnel when dealing with unusual situations.

System Finance

- Collaborate with other health providers and insurers to enhance patient care efficiency.
- Develop proactive financial relationships between EMS, other health care providers, and health care insurers/provider organizations.
- Compensate EMS on the basis of a preparedness-based model, reducing volume-related incentives and realizing the cost of an emergency safety net.
- Provide immediate access to EMS for emergency medical conditions.
- Address EMS relevant issues within governmental health care finance policy.
- Commit local, state, and federal attention and funds to continued EMS infrastructure development.

Human Resources

- Ensure that alterations in expectations of EMS personnel to provided health care services are preceded by adequate preparation.
- Adopt the principles of the National EMS Education and Practice Blueprint.
- Develop a system for reciprocity of EMS provider credentials.
- Develop collaborative relationships between EMS systems and academic institutions.
- Conduct EMS occupational health research.
- Provide a system for critical incident stress management.

Medical Direction

- Formalize relationships between all EMS systems and medical directors.
- Appropriate sufficient resources for EMS medical direction.
- Require appropriate credentials for all those who provide on-line medical direction.
- Develop EMS as a physician and nurse subspecialty certification.
- Appoint state EMS medical directors.

Education Systems

- Ensure adequacy of EMS education programs.
- Update education core content objectives frequently enough so that they reflect patient EMS health care needs.
- Incorporate research, quality improvement, and management learning objectives in higher level EMS education.
- Seek accreditation for EMS education programs.
- Commission the development of national core contents to replace EMS program curricula.
- Conduct EMS education with medical direction.
- Establish innovative and collaborative relationships between EMS education programs and academic institutions.
- Recognize EMS education as an academic achievement.
- Develop bridging and transition programs.
- Include EMS-related objectives in all health professions' education.

Public Education

- Acknowledge public education as a critical activity for EMS.
- Collaborate with other community resources and agencies to determine public education needs.
- Engage in continuous public education programs.
- Educate the public as consumers.
- Explore the new techniques and technologies for implementing public education.
- Evaluate public education initiatives.

Prevention

- Collaborate with community agencies and health care providers with expertise and interest in illness and injury prevention.
- Support the Safe Communities concept.
- Advocate for legislation that potentially results in injury and illness prevention.
- Develop and maintain a prevention-oriented atmosphere within EMS systems.
- Include the principles of prevention and its role in improving community health as part of EMS education core contents.
- Improve the ability of EMS to document injury and illness circumstances.

Public Access

- Provide emergency telephone service for those who cannot otherwise afford routine telephone services.
- Ensure that all calls to a PSAP, regardless of their origins, are automatically accompanied by unique location-identifying information.
- Develop uniform cellular 9-1-1 service that reliably routes calls to the appropriate PSAP.
- Evaluate and employ technologies that attenuate potential barriers to EMS access.
- Enhance the ability of EMS systems to triage calls, and provide resource allocation that is tailored to patients' needs.
- Implement 9-1-1 nationwide.

Communications Systems

- Assess the effectiveness of various personnel and resource attributes for EMS dispatching.
- Receive all calls for EMS using personnel with the requisite combination of education, experience and resources to optimally query the caller, make determination of the most appropriate resources to be mobilized, and implement an effective course of action.
- Promulgate and update stands for EMS dispatching.
- Develop cooperative ventures between communications centers and health providers to integrate communications processes and enable rapid patient-related information exchange.
- Determine the benefits of real-time patient date transfer.
- Appropriate federal, state, and regional funds to further develop and update geographically integrated and functionally based EMS communications networks.
- Facilitate exploration of potential uses of advancing

communications technology by EMS.
- Collaborate with private interests to effect shared purchasing of communication technology.

Clinical Care

- Eliminate patient transport as a criterion for compensating EMS systems.
- Establish proactive relationships between EMS and other health care providers.
- Commit to a common definition of what constitutes baseline community EMS care.
- Subject EMS clinical care to ongoing evaluation to determine its impact on patient outcomes.
- Employ new care techniques and technology only after shown to be effective.
- Conduct task analyses to determine appropriate staff configurations during secondary patient transfers.

Information Systems

- Develop information systems that are able to describe an entire EMS event.
- Adopt uniform data elements and definition sand incorporate them into information systems.
- Develop mechanisms to generate and transmit data that are valid, reliable, and accurate.
- Develop integrated information systems with other health care providers, public safety agencies, and community resources.
- Provide feedback to those who generate data.

Evaluation

- Develop valid models for EMS evaluations.
- Evaluate EMS effects for multiple medical conditions.
- Determine EMS effects for multiple outcome categories.
- Determine EMS cost-effectiveness.
- Incorporate consumer input in evaluation processes.